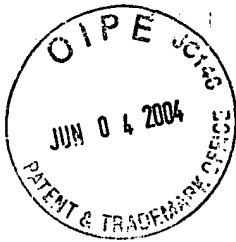


In response to that Office Action, please amend the above-identified application as follows. Amendments to the claims are reflected in the listing beginning at page 3, and the Remarks begin at page 27.



Corres. and Mail
BOX AF

AP/2003
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Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2623, Expedited Procedure
Docket No. 00169.001451

In re Application of:

ALSION JOAN LENNON

Application No.: 09/395,993

Examiner: M. Dastouri

Filed: September 15, 1999

Group Art Unit: 2623

For: AUTOMATED IMAGE INTERPRETATION
AND RETRIEVAL SYSTEM

Date: June 1, 2004

Mail Stop AF
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

JUN 09 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 90	MINUS	** 93	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 9	MINUS	*** 7	= 2	x \$43 \$86	\$172.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$172.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$ 172.00 is enclosed.

☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$ 110.00 to cover the fee for a one month extension is enclosed.

☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

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